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ABSTRACT

One of a series written especially for parents and other caregivers, this handbook offers an overview of emergency care and safety considerations. The discussion of emergency care focuses on supplies for the first aid kit and provides guidelines for dealing with bleeding, bites, burns, suffocation, eye injury, broken bones, head injuries, fevers, and convulsions. The discussion of safety offers information on safety-proofing houses, poisons, and on automobile, fire, and water safety. A short list of selected resources is included. (RH)

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# WHAT SHOULD I DO?

## A Safety and Emergency Care Handbook

ES 016168

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## PREFACE

This handbook is one of a series written especially for parents and other caregivers. The series includes:

What Should I Do - A handbook on Emergency Care and Safety

Kitchen Magic - A handbook on Nutrition and Cooking

Listen to Me - PLEASE - A handbook on Communication

You Can't Make Me - A handbook on Behavior Management

The Developing Child Series - Handbooks on Child Development

"The Critical Years" - Birth to Two

"The Play Years" - Two to Six

"The School Years" - Six to Eleven

"The Searching Years" - Adolescence

We have given you an overview of some of the major areas involved in caring for children. You will find these handbooks useful on your first reading as well as a ready reference for the years to come.

Children are the most precious resource our country has. As parents and caregivers, we should be knowledgeable about children and their needs.

Mary Jo Crist, B.S.
Madeline E. Ehlert, M.Ed.
Judith K. Schneider, Ph.D.

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# EMERGENCY CARE

The following is just a quick guide for first aid. You should carry a short but more complete first aid book with you or consider taking a first aid course at the Red Cross.

IN ANY EMERGENCY SITUATION, IT IS ALWAYS ADVISABLE TO CALL THE DOCTOR IF THE INJURY APPEARS TO BE SERIOUS. The following are general guidelines for immediate action. They tell you what to do until the doctor or rescue squad arrives.

Don't Panic
..Keep CALM

## A QUICK GUIDE TO FIRST AID

Countless numbers of children are injured or killed each year due to accidents. While most emergencies are not as severe as they may seem to be at first, quick, proper attention may keep them from becoming more severe and from complications setting in. While there are some immediate things you can do, it is important to remember that you should never do more than you feel qualified to do. However, quick and appropriate action can sometimes prevent a tragedy from happening.

There is some information you should have on hand for each of the children you care for. It should include:

1. The child/ren's name, age and doctor's number.
2. Date of last Tetanus shot.
3. Dangerous allergies.
4. Present medical problems.
5. Medications to be taken.
6. Parent's location and phone numbers.
7. Friend or nearest relative that knows the family.
8. Nearest hospital with directions.
9. Medical Release Form - If parents are out of town or name of person who has this type of authority.

## SUPPLIES FOR A FIRST AID KIT

It is also recommended that you carry a small first aid kit with you at all times. You cannot give first aid properly if you do not have the supplies. Your first aid kit should include:

- a pocket-size first aid book
- soap or Wipe and Dries
- safety pins
- scissors
- calamine lotion in unbreakable container
- tweezer
- needle
- matches
- adhesive tape
- sterile dressings
- rubbing alcohol in unbreakable container
- triangular bandage or clean cloth
- can of non-metholated shaving cream
- emergency telephone numbers
- Ipecac
- change for phone calls
- thermometer
- measuring spoon for medications and antidotes.

## BLEEDING

➡ Before you begin:

1. Wash your hands if possible.
2. Do not touch the wound with anything unclean, or breathe or cough directly over it.
3. Touch sterile dressings by the corners only. Don't touch the part that will cover the wound.

➡ If there is bleeding:

Rapid bleeding needs to be stopped quickly. The loss of too much blood may cause fainting or shock.

1. Place a dressing over the wound. If you do not have a dressing, use your hand.
2. Place your hand over the dressing and press firmly. Do not take your hand away until you are sure the bleeding has stopped.
3. Try to elevate the bleeding part above the level of the heart if possible unless there are broken bones.
4. DO NOT USE A TOURNIQUET EXCEPT IN CASES WHERE A LIMB HAS BEEN AMPUTATED, MANGLED OR CRUSHED.

➡ Bleeding from cuts and scrapes will generally stop by itself.

1. Cleanse the cut or scrape with soap and water or other mild cleansing agent.

2. Cover with clean adhesive bandage.
3. Watch for infection. Should it occur, call the doctor for further directions.

## BITES

### If a child has been bitten:

The seriousness of a bite depends on where the bite is, how deep it is and whether or not rabies has been transmitted. Because all bites carry the danger of infection, a doctor should always be called. In the meantime, you can do the following.

- 1. Wash the wound with warm water and soap.
- 2. Apply an antiseptic.
- 3. Cover the bite with a sterile bandage.
- 4. Watch for signs of infection (fever, swelling, loss of appetite, discoloration). If any of these occur, you should call the doctor at once.
- 5. Check your medical record on the child for the date of the last tetanus shot so the doctor can determine if a booster is necessary.

## INSECT BITES

Most insect bites like those of the mosquito, bee, hornet, spider and so forth will be relatively harmless. However, there are some species of these insects that may produce severe reactions. Always follow these general directions.

1. Have the child lie down.
2. See if the bite contains a stinger. If it does, try to remove it carefully with the tweezer from your first aid kit or, if that is not available, with your fingernail.
3. Cold compresses or ice cubes applied to the area may reduce swelling and/or itching.
4. If, after two hours the swelling and redness increase, the doctor should be called.
5. If there are many stings or bites, the doctor should be called immediately.
6. If the child develops hives, abdominal pain or difficulty in breathing or swallowing, take the child to the nearest hospital emergency room immediately.

## SNAKE BITES

➡ Seek medical aid immediately for any suspected snake bite.

1. Do not let the child walk or move the affected part unless absolutely necessary.
2. Do not use cold compresses or ice.
3. Watch breathing closely. If necessary, begin artificial respiration.
4. If any symptoms (pain, swelling, nausea or weakness) occur, apply a constricting band between the bite and the heart, 2 to 4 inches above the puncture. DO NOT BIND TOO TIGHTLY. Check the pulse below the wound. If you can't feel it, loosen the band until it returns.
5. Keep the affected part below the heart level.

## BURNS

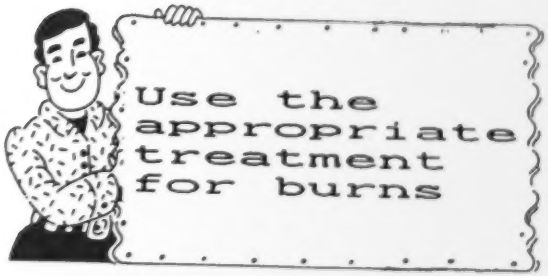
First aid can be given for burns that make the skin turn red (1st degree) or for burns that make the skin turn red and blister (2nd degree). Burns that char (blacken) the skin or are very deep and severe causing acute pain, rapid pulse, swelling and/or fever should be attended to immediately by a doctor or another medical specialist.

1. 1st degree burns - Apply a cold water compress for 20 to 30 minutes.
2. 2nd degree burns - If the burn is not too severe (small in area and not too deep), run burned area under cool water, cover with loose, sterile cloth and take the child to a doctor for further evaluation.
3. 3rd degree burns - If the burn is severe, spray with shaving cream (be sure it is not mentholated) and take the child for emergency care immediately. Shaving cream is recommended because it is sterile and provides an airtight seal over the burn until proper treatment can be found.

There are several important rules to follow when treating burns.

- NEVER use ointments, grease or powder.
- NEVER use an antiseptic like alcohol, peroxide, etc.
- NEVER wash the burn.
- NEVER break the blister.

- If the burn is caused by chemicals, rinse (do not rub) burned area thoroughly with water to remove any remaining chemical.



## BREATHING

➡ If a child stops breathing:

When breathing stops from any cause (drowning, electric shock, suffocation, choking or poisoning) you should begin Artificial Respiration.

➡ 1. Choking - Do not slap the child on the back. Do not put your finger down the throat. Do not turn the child upside down. If the child is choking but still able to breathe, go to the hospital emergency room. Only if you notice that the child is becoming increasingly blue should you SLAP THE CHILD SHARPLY BETWEEN THE SHOULDER BLADES. If breathing stops completely, begin mouth-to-mouth resuscitation and keep it up until help arrives.

➡ 2. Drowning - Young children should never be left alone near water - not even for a second. Children have been known to drown in as little as two to three inches of water so even bathtubs and wading pools are potentially dangerous. If a drowning should occur, start mouth-to-mouth resuscitation immediately.

In all cases where breathing has stopped and then started again, the child should be taken to the doctor as soon as it is possible.

# EYE INJURY

If the child has injured the eye:

Eye injuries are not uncommon with children. They are active and often don't realize the dangers to to which they are exposed. There are three basic types of eye injuries blows to the eye, chemical burns and cuts and punctures of the eye and/or eyelid.

➡ Blows to the eye - A cold compress should be applied to the eye for fifteen minutes. This will reduce the pain and swelling. If you see that the area around the eye is beginning to discolor (look like a "black-eye"), you should take the child to the doctor to be sure that there is no internal damage.

➡ Chemical Burns - If the eye has suffered exposure to a chemical you should immediately flood the eye with water. Do this continuously for at least fifteen minutes. You can do it directly from a faucet or use a clean container of some sort. Try to keep the eye wide open as you are rinsing it. Do not use an eye cup and do not bandage the eye. Take the child to the emergency room of the nearest hospital or call the doctor immediately.

➡ Cuts and punctures of the eye or eyelid - If the eye has been cut or punctured, cover the eye with a sterile bandage (be sure it is not pressing on the eye but just lightly cover it) and take the child to see a doctor immediately. Do not wash the eye out with water

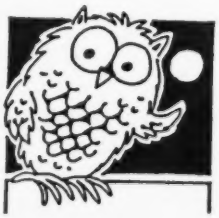
and do not use any antiseptic. DO NOT TRY TO REMOVE AN OBJECT FROM THE EYE. YOU MAY DAMAGE THE EYE EVEN FURTHER.

➡ In the eyes - Particles (insects, cinders, grit, etc.) in the eye can be dangerous. They can scratch the eye and damage it permanently. The child may complain of a burning feeling, a headache or you may notice the eye is tearing and red. DO NOT LET THE CHILD RUB THE EYE.

Wash the eye with water or weak solution of boric acid. Use a good light and check the cornea (clear membrane that covers the colored portion of the eye). An eye patch will relieve pain. Check with the doctor.

The National Society of the Prevention of Blindness publishes a pamphlet called "First Aid for Eye Emergencies." To receive a copy you can write to them at:

National society for the
Prevention of Blindness, Inc.
79 Madison Avenue
New York, N.Y. 10016



➡ If the child puts an object in the ear or nose:

Small children are very curious. They are curious about things in their environment and about their bodies as well. They poke things up their noses and in their ears and put things in in their mouths not knowing the damage they may be doing to themselves.

➡ In the ears - You should never try to dig something out of the ear. Put several drops of warm baby oil, olive oil, or mineral oil in the ear. Turn the child's head to the side so the object can come out. If you do not see anything happening, take the child to a doctor or emergency room.

➡ In cleaning ears- Nothing smaller than your little finger should go in an ear...NEVER Q-Tips.
Ear infections in young children are common. They will have fever and usually have a congested nose. White or yellow discharge may indicate a ruptured ear drum. See a doctor.

➡ In the nose - Little children have difficulty in blowing their noses. If they have put something in the nose, you may want to have them try to blow gently if they can. If not, you can cover the mouth gently and air will be forced out the nose. If this does not push the object out of the nose, DO NOT TRY TO GET IT WITH A TWEEZER OR ANY OTHER INSTRUMENT. The nose is extremely sensitive and you may damage the nasal sinuses. Take the child to the doctor.

## BROKEN BONES

### Fractures

Most children are extremely active. They love to run and climb and sometimes they fall. This can result in a fracture of some kind. Children's bones are not as brittle as those of adults however, so very often the fall causes only a few scrapes and minor bruises. There are a few things to look for when checking whether or not a bone has been broken.

1. The child may suffer severe pain.
2. You may see some kind of deformity or change in how the bone looks.
3. The child may have some loss of motion.
4. The limb may be cold, blue or numb.

Some important things to remember:

DO NOT MOVE the child needlessly.

If legs, neck or back are injured, keep the child lying flat and warm to prevent shock.

If an arm or leg is broken and you must move the child, carefully place the limb on a pillow.

Cover any wounds with sterile gauze or a clean towel.

NEVER ATTEMPT TO SET A BROKEN BONE.

CALL THE DOCTOR

DO NOT "JACKKNIFE" THE CHILD IN THE CAR.

APPLY ICE PACK - IMMEDIATELY.

## HEAD INJURIES

Head injuries can be extremely dangerous. A doctor or other emergency personnel should be contacted at once. There are three conditions that an injury to the head may cause - a fracture, a depressed fracture (in which the skull is broken and there may be pieces of bone in the brain) and a concussion. If a child is found in an unconscious or semiconscious state, you should suspect a possible skull fracture. IN MOST CASES, HEAD INJURIES SHOULD BE X-RAYED AND A DOCTOR CONTACTED.

There are some things to remember when treating the child.

1. Place the child flat on his back, keeping the head raised a bit and turned to one side. This will insure that if there is bleeding or vomiting, it will flow out of the mouth and the tongue will not get in the way of the air passage.

2. Keep the child warm and watch for signs of shock.

3. Loosen any tight clothing around the child's neck.

4. Do not give any fluids.

5. Check for ease in breathing. If breathing should stop, begin artificial respiration.

## MOUTH INJURIES

Control bleeding of lips, tongue or gums by applying direct pressure with clean gauze. If teeth are knocked out, rinse them gently to remove loose dirt (never rub or scrub them) and replace them gently in the socket. If it is impossible to replace it in the socket, have the child keep the tooth in the mouth (or in yours if you think the child might swallow it), and get the child to the dentist immediately. Teeth kept in saliva can often be replanted if the procedure is done within 30 to 60 minutes.

## NOSE BLEEDS

Lean the child forward and gently pinch the lower soft part of the nose for about 5 minutes. Then, apply cold compresses. If bleeding persists, seek medical aid.

## FEVERS

Fevers are not uncommon with children. They usually tell us that the body is trying to fight some type of infection. Normal body temperature is around 98.6 for most individuals. Some of us have a slightly higher or lower body temperature and it is still normal for us. If the temperature goes over about 102 degress which is not unusual with young children, you will want to try to reduce the fever by:

1. sponging the body with a cloth that has been dampened with some cool (not cold) water, or
2. placing the child in a tepid ( warm but not hot) tub for a few minutes making sure the child does not get chilled.

If the fever does not go down or is accompanied by a rash, sore throat, pain or nausea, the doctor or parent should be called.

## CONVULSIONS

High fevers amongst other things can cause children to have convulsions. You may see the child staring for a few minutes, not able to respond to you and not able to remember the incident. These are symptoms of a mild convulsion. More severe convulsions may cause the child to fall, foam at the mouth, shake, lose bladder and bowel control and even lose consciousness. This can be very frightening for you, for the child and for others who witness it. Convulsions only last for a short time. There are some important rules to remember.

1. Place a blunt object between the child's teeth.
2. Do not restrain the child but be sure he is not able to hurt himself.
3. Do not pour any kind of liquid into the child's mouth.
4. Do not place the child in a tub of water.
5. Lay the child on his side with the hips elevated.
6. When the convulsion is over, cover the child and let him sleep. Telephone a doctor or the hospital emergency room for further directions.

--POINTS TO REMEMBER--

- Don't move an injured person unless necessary. Examine gently. Loosen clothing. Don't pull clothing from burns.

- Shock Danger
  Clammy skin, rapid breathing and pulse. Keep the victim lying down. Keep the victim WARM and quiet.

➡ In many of the cases you will see while you are caring for children, you will be making the decision as to how "bad" an injury really is. Use this information as a guideline. If you are unsure as to what you should do, CALL THE DOCTOR OR EMERGENCY ROOM. Remember to keep calm. You may feel extremely anxious and frightened. It is important to remember that children sense how adults are feeling and will pick up that anxiety and fear from you. Try to reassure them that you are going to take care of the situation and that they are going to be alright.

## MEDICAL RELEASE FORMS

The following pages have examples of medical release forms. It is the parent's decision as to whether or not they wish to release authority to you. It is your decision as to whether or not you wish to accept that responsibility.

Usually hospitals will not treat a medical emergency unless they have a NOTORIZED MEDICAL RELEASE FORM. In case of a life threatening situation, they will do whatever needs to be done to save the victim. Some hospitals have forms on file.

MEDICAL RELEASE

STATE OF TEXAS

COUNTY OF DALLAS

KNOW ALL MEN BY THESE PRESENTS that we, the undersigned, who reside at _____, _____, Dallas County, Texas, do hereby constitute and appoint _____ as our lawful agent, for us in our name, place, and stead, to seek out, obtain, to authorize, and to consent to medical and/or surgical treatment during any emergency involving an immediate danger to the health and/or safety of our children _____, _____, and _____, as fully and to all intents and purposes as we might or could do if we were personally present. _____ may take said actions and the authorization and consent of the aforenamed shall be considered by us to be authorization and consent.

The rights, powers, and authorities of _____ shall commence on the _____ day of _____, 19_____.

Witness our signature this _____ day of _____, 19_____.

_____

_____

# SAFETY

## SAFETY

More than 2 million young children are injured each year due to accidents in the home. As a caregiver, you are entrusted with keeping children safe and free from harm. The world is a very complex place in which to grow and some of the following information will help you to plan for children's safety.

## SAFETY-PROOFING THE HOUSE

Be sure to keep matches out of sight.

Keep pot handles turned toward the center of the stove.

Be sure electrical cords are not hanging off the countertop and floor.

Keep childproof caps in empty sockets.

Keep cleansers, furniture polish, bleach and other household chemicals out of reach.

Use a poison label and teach the child how to interpret it.

Be sure small scatter rugs are secure so that the child will not trip.

Teach children not to touch the oven or stove without a mitt as sometimes we don't know whether or not it is hot.

Be sure all glassware and/or other breakables are out of reach.

Do not let a small child sit on the countertop unattended.

Do not leave infant seats on tables or countertops.

Be sure toys within the children's reach are appropriate for their age.

**Young children should not have access to toys that have small parts, break easily or might be otherwise hazardous.**

Install mesh-type safety gates at the top and bottom of the stairs to prevent young children from falling (accordion-type wooden gates SHOULD NOT be used as they can trap a child's head).

Put ropes, cords and long scarves out of children's reach to avoid accidental strangulation.

➡In the bathroom:

- Be sure there is a non-skid mat in the tub or shower.
- Teach the child to turn on the cold water before the hot. (a color sticker is helpful)
- Never leave an infant or young child alone in the tub --even for a second.
- Keep all medications in child-proof bottles out of the child's reach.
- Turn the hot water heater to its lowest setting - 120 degrees.
- Keep razors, mirrors, shave lotions, perfume bottles and other breakables or sharp implements away from the child's reach.
- Be sure all cleansers are kept out of the way and up high.
- Keep electrical appliances away from water and unplugged when not in use.

## POISON PREVENTION

Between 1 and 2 million people each year are victims of poisonings. Three-fourths of these victims are pre-school children. Caregivers, then, have an important responsibility to protect children from accidental poisoning.

## CHEMICAL POISONS

Almost any drug or chemical can be dangerous if too much of the substance gets into the body. Most poisonings however involve a limited number of toxic substances some of which may or may not be familiar to you.

Caustics - These are chemicals such as potassium hydroxide, sodium hydroxide and strong acids. They are commonly used as drain or oven cleaners or for heavy-duty cleaning tasks. These chemicals can cause serious burns to exposed skin.

Petroleum distillates - These would include gasoline, paint, paint thinners, lighter fluids, and kerosene. They are commonly found in many chemical compounds, polishes, lubricants, and fuels. They may produce coughing, choking and chemical pneumonia if the vapors are inhaled.

Aspirin: If a child takes aspirin accidentally or is given too large a dose, it can cause serious problems. Aspirin in too large of a dose can cause the brain not to function properly. Some symptoms to look for are nausea, vomiting, rapid breathing and ringing in the ears.

Acetaminophen - This is the most commonly used alternative to aspirin. Some brand names are Tylenol, Datril, Tempra and Liquiprin to name a few. An overdose can cause damage to liver cells and lead to liver failure. The effects of an overdose of Acetaminophen do not usually show up for about 2 or 3 days so it is sometimes difficult to provide for an antidote.

Iron - Most commonly used as an everyday nutritional supplement, iron can be found in many preparations, alone or in combination with vitamins. When taken in large amounts, iron is corrosive (wears down) to the stomach and intestines which may cause serious bleeding. In very large amounts, iron can cause coma, shock, liver damage and death.

Narcotics - An overdose of narcotics can sometimes be fatal. Some characteristics of narcotic overdose are coma, respiratory depression and pin-point pupils. You should be aware that some medications have narcotics as part of their ingredients (i.e. cough medications, antidiarrheal preparations) and if taken in large amounts could prove dangerous.

Methanol/ethylene glycol - These substances are most often found in antifreeze, window-washing solvents and various chemical preparations. They are extremely toxic and only a few swallows can be FATAL. They produce metabolic derangements and eye and/or kidney damage.

Antihistamines - Cold preparations, decongestants, sleep preparations, and drugs used to decrease itching generally contain antihistamines. They are nervous system sedatives and can produce seizures and heart irregularities.

Sedatives/tranquilizers/antidepressants - These are varied in nature, but all are very serious poisons. Some symptoms you might see are shock, kidney failure, heart irregularities, and seizures.

## POISONOUS HOUSEPLANTS

Houseplants are becoming a common decorating item in many homes. Some plants are extremely beautiful but they are potentially dangerous if touched or swallowed. Just as there are differences in the kinds of drugs or chemicals that produce a deadly reaction, plants also have different levels of toxicity (danger to the body).

- Non-toxic - These plants do not present a danger if touched or swallowed.

- Toxic-oxalates - These plants contain oxalate salts and can produce pain and/or swelling of the mouth, lips and tongue.

- Toxic - These plants may contain a variety of poisons and cause damage to the stomach, heart, kidney and other organs.

- Dermatitis - These plants may cause a rash after contact with the skin or mucous membranes.

The following is a list of some of the more common house plants according to their toxicity.

Toxic:

Asparagus Fern
Azalea
Bird of Paradise
Creeping Charlie
(Glecoma hederacea)
Crown of Thorns
Glacier Ivy
Gold Toothed Aloe
Heart Ivy
Ivy (Hedera helix)
Jerusalem Cherry
Needlepoint Ivy
Poinsettia(possibly)
Pot Mum (Chrysanthemum)
Ripple Ivy
Spider Mum
Sprengeri Fern
Umbrella Plant
(Cyperus alternifolius)

Dermatitis:

Asparagus Fern
Chrysanthemum
Ficus
Gold Toothed Aloe
Indian Laurel
Poinsettia
Pot Mum
Spider Mum
Sprengeri Fern
Weeping Fig

Toxic-oxalates:

Arrowhead Vine
Boston Ivy
Caladium
Dumbcane
Emerald Duke
Heartleaf
Marble Queen
Majesty
Nephthytis
Parlor Ivy
Pothos
Red Princess
Saddle Leaf
Split-leaf Phylodendron

# PREVENTION IS IMPORTANT

## ➡ WHAT YOU CAN DO

There are several things that caregivers can do to reduce the chances of the child/ren for whom you are caring falling victim to an accidental poisoning. Each method, however, requires that the caregiver be aware and concerned with the child/ren's safety.

➡ Be sure that all hazardous chemicals and drugs are safely stored and used correctly.

➡ Be sure to use child-resistant safety packaging whenever possible.

➡ Be sure to follow these rules.

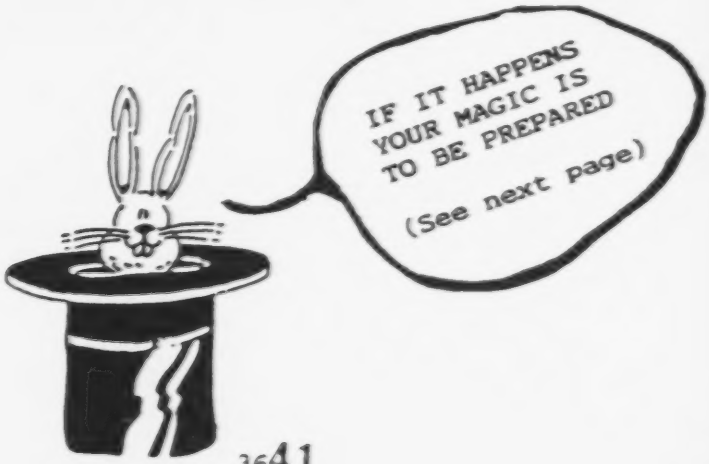
- 1. Keep household products and medicines out of reach and out of sight of the child/ren.
- 2. Store internal medicines away from other household substances. Be sure to re-secure the cap and keep the product in the original container.

- 3. Never put any medicine or chemical in a cup or soft drink bottle.
- 4. If the child is crawling or walking, keep household products stored above the floor level and not beneath the sink.
- 5. Be sure that you take the product with you if you become distracted by the phone or doorbell.
- 6. Be sure to read the label on the product and heed warnings and cautions.

## IF IT HAPPENS

Despite all of our best efforts to prevent a poisoning from occurring, it still may happen. As a result, caregivers must be ready to act if a poisoning should occur. There are some basic preparations you should make.

1. Be sure to have the telephone number of your local POSION CONTROL CENTER* close at hand.
2. Be sure to have a one-ounce bottle of IPECAC* syrup on hand.
3. Have an outline of the BASIC EMERGENCY PROCEDURES* to be carried out if a poisoning should occur.



## *POISON CONTROL CENTER

Most states have one or more Poison Control Centers. The quality and amount of service varies, so you should check on what kinds of services are available in your area. Most of them will have someone on duty 24 hours a day all year long. They will have a full-time staff who handle nothing but poison-related incidents.

Most often, Poison Control Centers will tell you how serious the poisoning may be, will tell you when you do or don't need to seek further medical attention and will check back to make sure that their recommendations were appropriate.

Be sure to post the telephone number somewhere in close reach.

## *IPECAC

Ipecac is a plant extract that, when swallowed, causes an irritation to the stomach and results in the user's vomiting. You may be wondering why someone would want to use Ipecac rather than sticking a finger down the throat or giving someone salt water. Neither of these methods is effective and/or safe. Ipecac is not harmful if taken as directed. There are certain types of poisonings where vomiting is not suggested so a doctor or the Poison Center should be consulted BEFORE using Ipecac. You do not need a prescription for Ipecac and it will keep for several years when stored at room temperature.

## *BASIC EMERGENCY PROCEDURES

Do these things before you call someone.

➡ 1. Remove poisons from contact with eyes, skin or mouth.

➡ Eyes: Gently wash eyes with plenty of water (or milk) for 10 to 15 minutes with the eyelids held open. Remove contact lenses and again wash the eyes. Do not allow the child to rub the eyes.

➡ Skin: The skin should be cleansed with large amounts of water. If possible, the skin should be rewashed with a detergent. All contaminated clothing should be thrown away.

➡ Mouth: Remove all tablets, powder, plant materials, or other poisonous products from the mouth. Examine the child for any cuts, burns or unusual coloring. Wipe the mouth out with a cloth and then wash it thoroughly with water. If a caustic poison has been swallowed, try to dilute it with 1 or 2 glasses of milk (or water).

➡ 2. Remove the child from contact with any poisonous fumes or gases and get him into the fresh air. All tightfitting clothing should be loosened. If the child is not breathing, you should start CPR. Do not stop until the child is either breathing or until help has arrived. Send someone else to call for help if you can.

➡ 3. Call the doctor or the Poison Control Center. Identify yourself and your relationship to the child. Describe the child (height, weight, age and sex). Have the poison in hand, if possible, so that you can identify what was taken and how much.

CALL FOR INFORMATION AS SOON AS POSSIBLE. KEEP CALM. YOU CANNOT ACT APPROPRIATELY IF YOU ARE IN A PANIC AND NOT THINKING CLEARLY.

➡ POISON CONTROL NUMBER _____

## SOME IMPORTANT FACTS ON VOMITING

If you are instructed to induce vomiting, don't waste time trying unusual methods. Use Ipecac syrup as directed.

There are some important things to remember concerning when to induce vomiting.

➡1. NEVER induce vomiting if the child is:
- Unconscious.
- Having convulsions (fits).
- Has swallowed strong caustics or corrosives.

➡2. Induce vomiting ONLY IF INSTRUCTED, if the child has swallowed petroleum products, cleaning fluids, gasoline, lighter fluid, etc. DO NOT INDUCE VOMITING UNLESS YOU ARE INSTRUCTED TO DO SO.

➡3. If you go to the hospital with the child, you should:
- Take or send the poison container, plant, etc. with you.
- Take any vomitus you collect with you.
- Not give coffee, tea, alcohol, stimulants or drugs to the child.

## AUTOMOBILE SAFETY

Millions of children are injured or killed each year in automobile accidents. Medical and automobile safety authorities estimate that 90% of the injuries or deaths could have been prevented had these children been secured in safety seats and/or seat belts.

As a caregiver, there are several things you should be concerned with when taking children in the car.

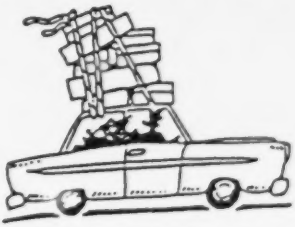
- Be sure the car seat (if needed) is properly installed according to the manufacturer's instructions.
- Insist that all children riding in the car are either in a seat belt or a car seat regardless of their age.
- Be sure you wear your own seat belt because you are a role model of them.
- If you are taking a baby who weighs less than 18 pounds in your car, be sure the car seat is facing backwards (toward the rear of the car).
- Never hold a child in your arms while driving or let him sit in your lap while the car is in motion.
- Never buckle two children in a single seat belt.
- Keep all doors locked when the car is in motion. Using safety locks may prove helpful.

NEVER LOCK A CHILD IN THE CAR WITH THE WINDOWS CLOSED!!!

Many states such as Texas, require that children under the age of two be in a federally approved car seat. Any child aged two to four must be in a booster seat with a seat belt. After age four, children riding in either the front or the back seat must be wearing a seat belt. Violation of these standards is a Class C misdemeanor and can carry with it up to a $ 200 fine. Be sure you know the law within your state.

In the state of Texas, it is a Class C misdemeanor to leave a child under 7 in a car for more than 5 minutes unless they are accompanied by someone age 14 or older.

Be sure you know the law within your state.



## MAKE IT FUN

1. Explain the rules of cooperation when riding in a car. This teaches children responsibility at an early age.
2. Keep a few toys and books in the car.
3. Develop a backlog of songs to teach the children while you are driving.
4. Develop some look/see games like "Color Bingo" with car colors or license plates.
5. Children get tired of hearing "See this or that..." Make it a hunting game of "I see a cow. Can you find it?"
6. If the trip is going to be a relatively long one, be sure to allow enough time to stop so the children can stretch.

## FIRE SAFETY

Fire destroys one home each minute of every day 365 days per year. More than 18 people die each day from fires in their homes. You can do much to prevent fires from occurring but you cannot stop them completely. It is important to remember some easy steps that may help you to save your life as well as the lives of the children entrusted to your care.

- Be sure you know how to phone in a fire alarm and have the number readily available.
- Be sure you know how to turn in a fire alarm box call. Remember someone must stay at the fire alarm box to direct the firemen when they arrive.
- Be sure you have a plan for how you will exit the home if a fire should start. Include access routes from upstairs as well as the first floor rooms.
- Be sure you have one or two fire drills (make it a game at first) so that the child/ren will not be afraid if a real fire should occur.
- Be sure to agree on a meeting place where everyone can assemble and be counted.
- Be sure there are fire extinguishers available to you in the kitchen area...Baking soda for grease fires.
- Be sure there are rope ladders or other kinds of equipment available if you are in a two-story home.

If a fire breaks out in the home:

1. Get yourself and the children out of the house as quickly as possible.
2. Go to the nearest telephone or fire alarm box and call the fire department. Be sure to give your name and address. If you call from an alarm box, stay there to direct the fire truck when it arrives.

If the first sign of fire you see is smoke coming through a closed door:

1. DO NOT open the door.
2. Feel the door. If it is cool you can open it a little (brace it from opening more with your foot). Feel the air with your hand. If it is cool, exit the house as quickly as possible.
3. If the door is hot, block the crack under the door with a rug, towel, blanket, etc., and go to the window and call for help.
   Escape through the window if you can. If you can't, DO NOT LEAVE THE WINDOW AREA.
4. Stay close to the floor. If water is close by, dampen a cloth of some kind and place it over your nose and mouth loosely.
5. DO NOT PANIC. YOU CANNOT ACT APPROPRIATELY IF YOU ARE NOT THINKING CLEARLY.

➡ If your clothes catch on fire: ⬅

- 1. Stop, drop and roll. Drop to the ground immediately. NEVER RUN. If you run, you give the fire more oxygen and the fire burns faster.
- 2. Cover your face with your hands.
- 3. Wrap a coat or a blanket around you to smother the flames or roll over slowly to shut out the oxygen.

➡ If someone else's clothing catches on fire:

- 1. Get the person to the ground.
- 2. Roll them over or cover them with a blanket to smother the flames.
- 3. Be careful that your own clothes do not catch on fire.

## WATER SAFETY

**Never take small children swimming unless you can swim.** Most communities have resources available for people who want to learn to swim.

SOME POINTS TO REMEMBER ABOUT WATER SAFETY

1. A drowning person is frightened and irrational. Be prepared to cope with them physically.

2. If you do not feel competent to rescue someone yourself, you need to:

- YELL for help
- THROW the individual something:
  - a life preserver
  - any floatation device
- REACH them with:
  - a long pole
  - a towel if they are nearby

**CAUTION:**

NEVER LEAVE CHILDREN UNATTENDED AT ANY TIME IF THEY ARE IN OR NEAR WATER.

CHILDREN SHOULD NEVER SWIM UNSUPERVISED.

CHILDREN UNDER THE AGE OF THREE MAY KNOW HOW TO SWIM IN JULY BUT MAY NOT REMEMBER THAT SKILL A FEW MONTHS LATER.

ALWAYS USE A FLOATATION DEVICE IF YOU ARE IN A BOAT.

KNOW AND FOLLOW WATER SAFETY RULES.

WORK
TOGETHER
FOR SAFETY!

My
personal
Notes

EMERGENCY PHONE NUMBERS

Fire

Hospital

Drs.

Ambulance

Parents'
location

etc.

Notes.....

Remember
Fire Escape Route
and Rules....

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The C.A.P.E. Center, Inc.

CHILDCARE ALTERNATIVES & PARENT EDUCATION

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